



Notice Regarding Replacement of Life Insurance and Annuity Contracts

Appendix A

☒ **Massachusetts Mutual Life Insurance Company**
(MassMutual) 1295 State Street, Springfield, MA, 01111-0001
413-788-8411

☐ **C.M. Life Insurance Company** ☐ **MML Bay State Life Insurance Company**
100 Bright Meadow Blvd, Enfield, CT 06082

MUST BE PRESENTED TO, SIGNED AND DATED BY THE OWNER AND PRODUCER AT THE TIME OF APPLICATION

You have indicated that you intend to replace existing life insurance or annuity coverage in connection with the purchase of our life insurance or annuity policy. As a result, we are required to send you this notice. Please read it carefully.

Whether it is to your advantage to replace your existing insurance or annuity coverage, only you can decide. It is in your best interest, however, to have adequate information before a decision to replace your present coverage becomes final so that you may understand the essential features of the proposed policy and your existing insurance or annuity coverage.

You may want to contact your existing life insurance or annuity company or its agent for additional information and advice or discuss your purchase with other advisors. Your existing company will provide this information to you. The information you receive should be of value to you in reaching a final decision.

If either the proposed coverage or the existing coverage you intent to replace is participating, you should be aware that dividends may materially reduce the cost of insurance and are an important factor to consider. Dividends, however, are not guaranteed.

You should recognize that a policy which has been in existence for a period of time may have certain advantages to you over a new policy. If the policy coverages are basically similar, the premiums for a new policy may be higher because rates increase as your age increases. Under your existing policy, the period of time during which the issuing company could contest the policy because of a material misrepresentation or omission concerning the medical information requested on your application, or deny coverage for death caused by suicide, may have expired or may expire earlier than it will under the proposed policy. Your existing policy may have options which are not available under the policy being proposed to you or may not come into effect under the proposed policy until a later time during your life. Also, your proposed policy's cash values and dividends, if any, may grow slower initially because the company will incur the cost of issuing your new policy. On the other hand, the proposed policy may offer advantages which are more important to you.

If you are considering borrowing against your existing policy to pay the premiums on the proposed policy, you should understand that in the event of your death, the amount of any unpaid loan, including unpaid interest, will be deducted from the benefits of your existing policy thereby reducing your total insurance coverage.

After we have issued your policy, you will have twenty days from the date the new policy is received by you to notify us you are cancelling the policy issued on your application and you will receive back all payments you made to us.

You are urged not to take action to terminate or alter your existing life insurance or annuity coverage until you have been issued the new policy, examined it and have found it to be acceptable to you.

Policy Number	Existing Insurer	Name of Insured	*Plan of Insurance (Generic Name)	Face Amount
FA06000020	JOHN HANCOCK LIFE INS	DEBRA J VARANO	Fixed Annuity	\$12,658.00

Agreements and Signatures

I have reviewed the above information and received a copy of it.

☒ Debra J. Varano
Signature of Owner

7/5/23
Date

☒ Kim Heimbach
Signature of Producer

KIM HEIMBACH
Printed Name of Producer

A signed and dated copy of this notice must accompany the application.

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